



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

January 16, 2004

H.R. 2816

A bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs in the management of health care services for veterans to place certain low-income veterans in a higher health-care priority category

As introduced on July 22, 2003

H.R. 2816 would give certain low-income veterans a higher priority when receiving health care from the Department of Veterans Affairs (VA). Under current law, veterans seeking medical care from VA are classified into eight priority categories based primarily on disability status and income. Under H.R. 2816, priority-five veterans would be reclassified into a new category called 5-A and priority-seven veterans would be reclassified into a new, and higher, priority category 5-B.

This bill would not affect spending by VA for medical care because it would not directly result in an increase in the number of veterans receiving health care from VA. CBO estimates that, subject to the availability of appropriated funds, implementing the bill would have a negligible administrative cost associated with updating enrollment records. The bill would not affect direct spending or receipts.

H.R. 2816 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact is Sam Papenfuss. This estimate was approved by Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.